



# VOLUNTEER APPLICATION

Requested Location: MLK Jr. \_\_\_\_\_ Branch (Name) \_\_\_\_\_

Name (Mr., Ms., Mrs.) \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail address \_\_\_\_\_ Birth Date (*optional*) \_\_\_\_\_

Please list a person to contact in case of emergency:

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

☐ Currently Employed

☐ Currently Not Working

☐ Retired

☐ Student

Employed by \_\_\_\_\_ Occupation \_\_\_\_\_

Education (*circle highest*)    High School: 9 10 11 12    College: 1 2 3 4    Graduate: 1 2 3 4

## STUDENT INFORMATION: If you are currently a student, please complete this section.

What school are you attending: \_\_\_\_\_ What grade or class are you in? \_\_\_\_\_

Will you receive school credit for volunteering? \_\_\_\_\_

Do you have other volunteer experience? If yes, please describe: \_\_\_\_\_

Why are you interested in volunteering at the library? \_\_\_\_\_

Is this required for community service? \_\_\_\_\_ If yes, why? \_\_\_\_\_

Do you have any disabilities or need special accommodations? If so, please explain. \_\_\_\_\_

*Please complete the other side . . .*

**What is your availability?**

Day	Time(s)
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	
On call	

**Areas of interest (please indicate in order of preference—  
1 = most interested. . . 8 = least interested)**

Maintaining Book Shelves	
Labeling/Sorting/Filing	
Interacting with customers	
Data Entry/Word Processing	
Special Projects/Research	
Special Events	
Library Bookstore	
Bookmobile	

Please list any skills, special training, degrees, work experience, or interests you have that may contribute to your volunteer efforts:

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**PERMISSION from parent or guardian REQUIRED for youth under the age of 18 (minimum age: 14)**

\_\_\_\_\_ has my permission to volunteer at the DC Public Library.  
*Youth's Name*

\_\_\_\_\_  
*Age of Youth*

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*

**REFERENCES: Please list two people who are not relatives we may contact as personal references for you.  
This section must be completed prior to submitting your application.**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

**As a volunteer I agree:**

To regard my assignment as a serious commitment, respect confidentiality and abide by the policies of the District of Columbia Public Library. I also agree to maintain communication with the supervisor regarding my assignment and to request clarification when necessary.

\_\_\_\_\_  
*Volunteer's Signature*

\_\_\_\_\_  
*Date*

**Please return this form to:**

Bill Turner, Volunteer Coordinator, District of Columbia Public Library  
901 G Street, NW, Room 435D, Washington, DC 20001  
Office: 202-727-4968 Fax: 202-727-1129 E-mail: [bill.turner@dc.gov](mailto:bill.turner@dc.gov)